	Provider Name					
Address			Telephone/Fax/Ema		Fax/Email	
Contract Number:		In	Invoice Number:			
PO Number:		Da	Date(s) of service: 00/00/year -00/00/year			
Federal Tax ID:						
Preparer: name;title;telephone			Signature of preparer:			
Quantity	Rate	Individual Name	Description of Service/Location		Amount	
Total Associated as						
Total Amount due:						